



**RSAF
Rescue Truck/Extrication
Equipment
QUESTIONNAIRE**

109 Governor Street
Madison Bldg., Suite UB-55
Richmond, VA 23219
1-800-523-6019 (VA only)
804-864-7600
FAX: 804-864-7580

APPLICANT INFORMATION

AGENCYNAME: _____ DATE: _____

RSAF GRANT # - OEMS will insert _____ EQUIPMENT REQUESTED: _____

NAME OF INDIVIDUAL SUBMITTING QUESTIONNAIRE _____

Complete for any RESCUE/CRASH TRUCK Request (must also complete Technical Vehicle Page):

1. Number of calls requiring use of a rescue or crash truck in the last 12 months: _____
 2. Location of the next nearest rescue or crash truck? _____
 3. Age and/or condition of current equipment is to be replaced _____
 4. Justification for light/medium or heavy duty vehicle request: _____
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Complete for any EXTRICATION EQUIPMENT Request:

5. Number of calls requiring use of extrication equipment in the last 12 months: _____
6. Location of the next nearest set of extrication equipment? _____
7. Age and/or condition of current equipment, if this is to be replaced _____

RETURN COMPLETED QUESTIONNAIRE TO THE OFFICE OF EMS
With the rest of the grant application